TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 0 4 0 9 Virginia 2. STATE Virginia 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)							
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2004							
5. TYPE OF PLAN MATERIAL (Check One)								
■ NEW STATE PLAN ■ AMENDMENT TO BE CONSI	DERED AS NEW PLAN							
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate transmittal for each amendment)							
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 440	7. FEDERAL BUDGET IMPACT a. FFY 2005 \$ 100,800 b. FFY 2006 \$ 100,800							
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION							
Attachment 3.1A, Supp2, pp22 - 25 of 39	Pages added							
10. SUBJECT OF AMENDMENT								
Elderly Case Management								
11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPECIFIED Secretary of Health and Human Resources							
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO							
13. TYPED NAME Patrick W. Finnerty 14. TITLE Director	Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219							
15. DATE SUBMITTED	Attn: Regulation Coordinator							
FOR REGIONAL OFFICE USE ONLY								
<u>, , , , , , , , , , , , , , , , , , , </u>	18. DATE APPROVED NOV 2 2004							
19. EFFECTIVE/DATE/OF APPROVED MATERIAL	NE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICIAL							
7/1/0 4	Konearne Exercise Many B.O'Connor							
21. TYPED NAME	ACTING REGIONAL ADMINISTRATOR							
NANCY B. O'CONNOR	ASTING RESIDENCE ADMINISTRATION							

Revision: HCFA-PM-87-4

March 1987

(BERC)

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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

10 17		= 0.461						
§6.		50-461. Manage	ment for the Elderly.					
	A.	Mana in 2 c	get Group: Medicaid eligible persons age 60 and over who have been screened by Case nagement providers approved by the Long-Term Care Council and found to be dependent 2 or more of the following activities of daily living: (a) bathing, (b) dressing, (c) toileting, transferring, (e) continence, or (f) eating.					
	B.	Areas of State in which services will be provided:						
			Entire State					
		X	Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:					
			a. Fairfax County, and the cities of Falls Church and Fairfax;					
			c. Planning Districts 1, 2, 3, 4, 17, 18, 22, 23.					
	C.	Comp	parability of Services					
			Services are provided in accordance with section 1902(a)(10)(B) of the Act.					
		X	Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.					
	D.	Defin	ition of Services:					
		1.	Assessment: Determining client's service needs, which include psychosocial, nutritional, medical and functional ability.					
		2.	Service Planning: Developing an individualized description of what services and resources are needed to meet the service needs of the client and help access those resources.					

TN No. 04-09 Supersedes TN No. 03-01 Revision: HCFA-PM-87-4 March 1987

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

- 3. Coordination & Referral: Assisting the client in arranging for appropriate services and ensuring continuity of care.
- 4. Follow-up & Monitoring: Assessing ongoing progress, ensuring services are delivered, and periodically reassessing need to determine appropriate revisions to the case management plan of care.
- E. Qualifications of Providers. To qualify as a provider of case management for the elderly, the provider of services must ensure that claims are submitted for payment only when the services were performed by case managers meeting these qualifications. The case manager must possess a combination of work experience or relevant education which indicates that the individual possesses the following knowledge, skills, and abilities. The case manager must have these knowledge, skills, and abilities at the entry level which must be documented or observable in the application form or supporting documentation or in the interview (with appropriate documentation).
 - 1. Knowledge of:
 - Aging and the impact of disabilities and illnesses on aging; a.
 - b. Conducting client assessments (including psychosocial, health and functional factors) and their uses in care planning;
 - Interviewing techniques; c.
 - d. Consumers' rights;
 - Local human and health service delivery systems, including support services e. and public benefits eligibility requirements;
 - f. The principles of human behavior and interpersonal relationships;
 - Effective oral, written, and interpersonal communication principles and g. techniques;
 - h. General principles of record documentation;
 - i. Service planning process and the major components of a service plan.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

2. Skills in:

- a. Negotiating with consumers and service providers;
- b. Observing, recording and reporting behaviors;
- c. Identifying and documenting a consumer's needs for resources, services and other assistance;
- d. Identifying services within the established services system to meet the consumer's needs;
- e. Coordinating the provision of services by diverse public and private providers;
- f. Analyzing and planning for the service needs of elderly persons;

3. Abilities to:

- a. Demonstrate a positive regard for consumers and their families;
- b. Be persistent and remain objective;
- c. Work as a team member, maintaining effective inter- and intra-agency working relationships;
- d. Work independently, performing position duties under general supervision;
- e. Communicate effectively, verbally and in writing.
- f. Develop a rapport and to communicate with different types of persons from diverse cultural backgrounds;
- g. Interview.
- 4. Individuals meeting all the above qualifications shall be considered a qualified case manager; however, it is preferred that the case manager possess a minimum of an undergraduate degree in a human services field, or be a licensed nurse. In addition, it is preferable that the case manager have two years of satisfactory experience in the human services field working with the elderly.

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TN No.	04-09	Approval Date	NUV	2 2004	Effective Date	07/01/04
Supersedes						
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State of VIRGINIA

CASE MANAGEMENT SERVICES

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.
 - Eligible recipients will have free choice of the providers of case 1. management services.
 - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- Payment for case management services under the plan does not duplicate G. payments made to public agencies or private entities under other program authorities for this same purpose.
- H. Case Management services to the elderly shall be limited to no more than 6 months without authorization from the Department of Medical Assistance Services.

TN No. 04-09 Approval Date NUV 07/01/04 Effective Date Supersedes 03-01

TN No.